



New Customer / Credit Application for: **Forklift Repair** **Forklift Rental** **Forklift Parts**

BILLING INFORMATION:

Company Name: _____
DBA: _____
Billing Address: _____ County: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION:

Shipping Address: _____ County: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

CONTACTS:

Purchasing: _____
Telephone: _____ Fax: _____ Email: _____

Accounts Payable: _____
Telephone: _____ Fax: _____ Email: _____

OWNERSHIP:

Type of Ownership: Corporation Partnership Sole Proprietor
Date Incorporated: _____ State of Incorporation: _____
Federal Tax ID or Social Security #: _____ SIC #: _____ ITA #: _____
Date Business Opened: _____ Number of Years at Present Address: _____
Persons Authorized to Charge to This Account: _____

List Principal Shareholders, Corporate Officers, Partners and Proprietors [Include Names and Titles]:

ADDITIONAL INFORMATION:

Do you require purchase order numbers? Yes No
Sales Tax Exempt: Yes No [If yes, attach applicable state sales tax exemption certificate]
Preferred Invoice Delivery: Mail Email List Email Address: _____
Preferred Payment Method: Check ACH Wire Visa MasterCard Amex



TRADE REFERENCES:

1. Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Account Number: _____
Telephone: _____ Fax: _____ Email: _____

2. Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Account Number: _____
Telephone: _____ Fax: _____ Email: _____

3. Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Account Number: _____
Telephone: _____ Fax: _____ Email: _____

BANKING REFERENCE:

Bank Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Account Number: _____
Telephone: _____ Fax: _____ Email: _____

Standard terms are Net 15 days from invoice Date. There is a \$35.00 charge for all returned checks. We Retain the right to update this credit information at routine intervals and may require a new credit application at any time in the Future.

We retain the right to place delinquent accounts on Credit Hold and/or COD status. Collection charges and any court or attorney fees accrued in the collection of unpaid invoices will be the debtor's responsibility to pay in full.

I hereby accept the above terms and conditions and authorize International Forklift to Investigate the credit reference submitted herein, and authorize the bank and trade references to release information relating to our financial responsibility.

Authorized By (Print): _____ Title: _____

Signed: _____ Date: _____

FOR INTERNAL USE ONLY: _____ Approved _____ Declined Limit: _____
Salesperson: _____ Account Number: _____